


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000043708</b> 1. Entity Name <b>ALANAR GP, LLC</b>						<b>FILED</b> <b>07 MAR 27 PM 1:44</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business <b>C/O AMADA LOPEZ-CANTERA, P.A.          2300 CORAL WAY, STE 201          MIAMI, FL 33145</b>				Mailing Address <b>C/O AMADA LOPEZ-CANTERA, P.A.          2300 CORAL WAY, STE 201          MIAMI, FL 33145</b>					
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		01222007    Chg-LLC    CR2E083 (12/06)					
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-1260542</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required		6. Name and Address of Current Registered Agent  <b>DADE CORPORATE SERVICES, INC.          2300 CORAL WAY, STE 103          MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____									
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM DUMENIGO, RODOLFO 1423 ALTON RD MIAMI BEACH, FL 33139</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
									
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
<b>SIGNATURE:</b> _____				<b>2/28/07 (305) 880-0050</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date      Daytime Phone #					
<b>RODOLFO DUMENIGO, MGRM</b>									